STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001132	A. BUILDING: _____ B. WING _____	R-C 09/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING CLUB	6038 W 25TH ST INDIANAPOLIS, IN 46224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00152030 and IN00152686 completed on July 18, 2014. Complaint IN00152030- corrected. Complaint IN00152686-corrected. Survey Date: September 8, 2014 Facility number: 001132 Provider number: NA AIM number: NA Survey Team: Mary Jane G. Fischer RN-TC Census bed type: Residential: 44 Total: 44 Census payor type: Other: 44 Total: 44 Sample: 7 Independent Living Club was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the investigation of Complaints IN00152030 and IN00152686. Quality review completed 09/11/2014 by Brenda Marshall, RN.	{R 000}		